

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Priorities USA Action			FEC IDENTIFICATION NUMBER ▼ C C00495861		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee FUSE			Date of Public Distribution/Dissemination 10 / 17 / 2016		
Mailing Address 802 N 1st St			Amount 311502.00		
City Saint Louis		State MO	Zip Code 63102-2529		Transaction ID : VNTYH9TPJ06
Purpose of Expenditure TV Ad Buy (Estimate)		Category/ Type 		Date of Disbursement or Obligation 10 / 17 / 2016	
Name of Federal Candidate TRUMP, DONALD J, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: <u>00</u> State: <u>00</u>		
Calendar Year-To-Date Per Election for Office Sought 95111822.05			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FUSE			Date of Public Distribution/Dissemination 10 / 17 / 2016		
Mailing Address 802 N 1st St			Amount 644100.00		
City Saint Louis		State MO	Zip Code 63102-2529		Transaction ID : VNTYH9TPJ22
Purpose of Expenditure Radio Ad Buy (Estimate)		Category/ Type 		Date of Disbursement or Obligation 10 / 17 / 2016	
Name of Federal Candidate TRUMP, DONALD J, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: <u>00</u> State: <u>00</u>		
Calendar Year-To-Date Per Election for Office Sought 95111822.05			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			955602.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Speed, Greg, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 10 / 19 / 2016		

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NAME OF COMMITTEE (In Full) Priorities USA Action		FEC IDENTIFICATION NUMBER ▼ C C00495861	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ralston Lapp Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 1054 31st St NW Ste 430		Amount 6351.89	
City Washington	State DC	Zip Code 20007-6042	Transaction ID : VNTYH9TS638
Purpose of Expenditure Video Production (Estimate)	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016	
Name of Federal Candidate TRUMP, DONALD J, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought 95111822.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6351.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	961953.89

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Speed, Greg, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 19 / 2016

Signature